



HSA

80-12005

Indian Health Program 1955-1980

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Health Services Administration

THE PEOPLE

Once in decline, American Indians and Alaska Natives (Eskimos, Aleuts and Alaskan Indians) today are one of the fastest growing population groups in the Nation. Most still live in rural areas, principally on or near Indian reservations and in traditional Indian country such as Oklahoma and Alaska. For reasons largely rooted in history, Indians lag behind the general society in income, education, health and other socioeconomic indicators.

HISTORY AND MISSION

The Indian Health Program, administered by the Indian Health Service (IHS), a bureau of the U.S. Public Health Service's Health Services Administration, traces its origins to the early 1800's when army physicians undertook to curb smallpox and other contagious diseases among Indian tribes living near military posts. The present-day program has grown out of treaties subsequently negotiated, which included provisions for medical services. In 1849 the Bureau of Indian Affairs was transferred from the War Department to the new Department of the Interior. One hundred and five years later, the Transfer Act of 1954 moved the health program to the Public Health Service. The mission of the Indian Health Service is to raise the health status of the American Indian and Alaska Native peoples to the highest possible level. This mission is guided by the three major objectives:

- Assure Indian people access to high-quality, comprehensive health services designed for their needs.
- Assist Indian tribes and Alaska Native corporations to develop their capacity to staff and manage health programs and

provide them with the opportunity to assume operational authority for IHS programs serving their communities.

- Act as the Indian people's advocate in health-related matters and help them gain access to other programs, Federal, state and local, to which they are entitled.

THE IHS PROGRAM

The Indian Health Service is the primary Federal health resource for approximately 800,000 Indians and Alaska Natives. The IHS program is community-oriented and comprehensive in scope, offering preventive, curative and rehabilitative services. These include, in addition to general medical and dental care, others such as maternal and child health, eye care, diabetes, otitis media, family planning, mental health, alcoholism, nutrition, public health nursing, health education and environmental health—especially important because this component of the IHS program attacks conditions which contribute to infectious diseases.

Services are provided by clinical staff in IHS facilities—50 hospitals, 3 of them medical centers, 101 health centers, and several hundred smaller facilities—and by field health teams which work in the Indian community. The Indian Health Service also contracts with tribal health organizations, hospitals, state and local health departments and private practitioners for services it cannot provide or for areas where it has no facilities.

CONSUMER PARTICIPATION

Indian participation is a major program objective. Early IHS efforts focused on helping tribes organize health advisory

boards and training Indian health workers. Within the last decade, however, Indian participation has dramatically increased. This is principally because of the passage of two laws, the Indian Self Determination Act (P.L. 93-638) and the Indian Health Care Improvement Act (P.L. 94-437). The first provides tribes with the option of managing and staffing IHS programs in their communities. The second authorized higher resource levels in the IHS program and established new programs for health professions training for Indians and for the provision of health services for urban Indians. The change is striking. As an example, ten years ago IHS staff did almost all the planning and operation of services for Indian communities. Today, tribes and native corporations play a leading role in planning their health services and in carrying out other health activities. These cover a broad range, and include emergency medical services, mental health activities, alcoholism treatment and control, environmental, other preventive activities, and ambulatory and hospital care.

PROGRESS SINCE 1955*

In 1955, the year the Public Health Service became responsible for the Indian Health Program, infectious diseases were the Indian people's principal health priority. Since then, many major strides have been made.

Mortality

- Infant death rate—down 67 percent.
- Death rate from certain diseases of early infancy—down 73 percent.
- Influenza and pneumonia death rate—down 66 percent.

- Gastroenteric diseases death rate—down 90 percent.
- Tuberculosis death rate—down 91 percent.

Environmental Health

- Running water and sanitary waste disposal means provided for over 119,000 Indian homes since legislation authorizing such construction was enacted in 1959. In addition, sanitation facilities provided for more than 63,000 new or improved housing units constructed under Federal/tribal programs.

Services Utilization

- Outpatient visits more than 6 times higher—up from 455,000 to 3,374,000 a year.
- Hospital admissions more than doubled—from 50,000 to 106,000 a year.
- Percentage of babies born in hospitals rather than home—98.6 percent compared to 88.2 percent in 1955.
- Dental services more than 8 times greater—from 18,000 to 1,618,000 a year.

Health Facilities

- Twenty-seven hospitals have been built to replace outmoded facilities; two new additional hospitals built—in Ada, Oklahoma and for the Acomita-Canonito-Laguna pueblos in New Mexico. Also 26 health centers and 58 health stations and satellite clinics constructed.

Manpower and Training

- Physicians assigned to the IHS—increased from 125 to over 600; dentists from 40 to 254; graduate nurses from

*Based on latest available statistics

783 to 1,716; increases in other categories of health workers.

- Residency training programs established for IHS physicians in pediatrics, obstetrics and general surgery. Residencies also established for dentists and pharmacists.
- Scholarships awarded to more than 514 Indian students to help prepare them for postgraduate training in health professions.
- Grants made to 17 Indian organizations to stimulate Indian youth interest in health careers.
- Fifty Indians graduated or currently supported in medicine, dentistry, nursing and other health professions.

In addition, the Indian Health Service has trained more than 6,000 Indians as community health medics (physician assistants), dental assistants, community health representatives, audiometric technicians, medical social work associates, mental health workers, environmental health technicians and in other fields. Direct or supported training has also been provided to tribal staff in health planning, health administration and related areas.

The Future

The scourges of yesterday such as tuberculosis and gastroenteritis have been replaced by other more challenging problems, ones which require new ideas and new approaches. The Indians' health priorities of today—accidents, alcoholism, diabetes, mental health, suicides and homicide—stem not from organic causes, but from changes in their traditional lifestyle and values, and from deprivation. The new approach to these problems requires a partnership between the Federal Govern-

ment and the Indian and Alaska Native peoples. To ensure the effectiveness of this partnership, the Indian Health Service will continue to utilize its resources to the fullest to provide quality health care, augment Indian health manpower for Indian needs, improve tribes' ability to plan and manage health programs.



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DHHS Publication No. (HSA) 80-12005
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